

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **L15456** (1)
 1. Corporation Name
CORPORATE CHAMPS, INC.

Principal Place of Business Mailing Address
535 CENTRAL AVENUE, SUITE 316 ST. PETERSBURG FL 33701
535 CENTRAL AVENUE, SUITE 316 ST. PETERSBURG FL 33701

APPROVED AND FILED
 95 MAY -1 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 2a. Mailing Address
 21 State Apt # etc 26 State Apt # etc
 22 City & State 27 City & State
 23 28
 24 25 29 30

3. Date Incorporated or Qualified **09/11/1989** 3a. Date of Last Report **05/27/1994**
 4. FEI Number **59-2993806** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Does corporation have liability for damages for under 18 Florida Statutes? Yes No

9. Name and Address of Current Registered Agent
**HIEPE, RANDALL C.
 535 CENTRAL AVENUE
 SUITE 316
 ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(5), Florida Statutes.

SIGNATURE _____
 I, _____, President of the Corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME: DP HIEPE, RANDALL C. 11.2 STREET ADDRESS: 535 CENTRAL AVENUE, STE. ST. PETERSBURG FL 11.3 CITY/STATE/ZIP: ST. PETERSBURG FL	11.4 TITLE: DP	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.1 NAME: DV HIEPE, SHARON V. 11.2 STREET ADDRESS: 535 CENTRAL AVENUE, STE. ST. PETERSBURG FL 11.3 CITY/STATE/ZIP: ST. PETERSBURG FL	11.4 TITLE: DV	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.1 NAME: _____ 11.2 STREET ADDRESS: _____ 11.3 CITY/STATE/ZIP: _____	11.4 TITLE: _____	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11.1 NAME: _____ 11.2 STREET ADDRESS: _____ 11.3 CITY/STATE/ZIP: _____	11.4 TITLE: _____	11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is verifiably true and correct and that the information is true and correct to the best of my knowledge and belief. I am familiar with and accept the obligations of Section 607.06(5), Florida Statutes, and that my name appears in Block 1, or Block 11, of this report or as an attachment with an address.

SIGNATURE: *Sharon V. Hiepe*
 Sharon V. Hiepe
 Vice President
 4/26/95 813-895-6661